

CIT Application



**Children's Island CIT
C/O Lynch van Otterloo YMCA
40 Leggs Hill Rd, Marblehead, MA 01945
Attn: Karl Mayer**

Please check off areas of interest : **Date of Application:** ____/____/____

Dear CIT Candidate,

Please complete both sides of this application and submit it to my attention at the Lynch van Otterloo YMCA. Once I have received your application I will contact you for an Interview. Our CIT program is a great way to learn and strengthen leadership skills, and I look forward to discussing this opportunity with you.

Sincerely,
Karl Mayer
Children's Island Camp Director

Last Name _____ First Name _____

School Attending: _____

Best Phone/Email: _____

<input type="checkbox"/> Counselor	<input type="checkbox"/> Life Guarding	<input type="checkbox"/> Swimming Instruction
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Sports	<input type="checkbox"/> Rangers
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Sailing	<input type="checkbox"/> Archery

1) Why are you interested in our Counselor in Training Program?

Form Continues On Reverse Side!

